

STATE OF WASHINGTON
COUNTY ROAD ADMINISTRATION BOARD
RURAL ARTERIAL PROGRAM REQUEST FOR PAYMENT

COUNTY REQUESTING PAYMENT:								
RETURN PAYMENT TO:								
ADDRESS:						STATE:		ZIP:
CITY:								
PROJECT NAME:								
LOCAL CRP NUMBER:	PROJECT NUMBER:	PAYMENT REQUEST #:	FINAL REQUEST?	YES	NO			
		TOTAL EXPENDITURES PRIOR PERIODS		TOTAL EXPENDITURES THIS PERIOD		TOTAL EXPENDITURES TO DATE		ELIGIBLE EXPENDITURES TO DATE
PRELIMINARY ENGINEERING								
RIGHT OF WAY								
CONTRACT CONSTRUCTION								
DAY LABOR CONSTRUCTION								
TOTAL								
<p>* PRELIMINARY ENGINEERING IS ELIGIBLE FOR RAP FUNDING IN THE NER, NWR, PSR, AND SER. ALL REGIONS BEGINNING '95 - '97 PROJECTS.</p> <p>* RIGHT OF WAY IS ELIGIBLE FOR RAP FUNDING IN THE NER, PSR, SER, (AND NWR BEGINNING '95 - '97 BIENNIUM PROJECTS)</p> <p>INCLUDE CONSTRUCTION ENGINEERING IN CONSTRUCTION EXPENDITURES.</p>				X REGIONAL MATCHING RATIO				
				= TOTAL ELIGIBLE FOR RATA TO DATE				
				- PREVIOUS PAYMENTS				
				= RATA CLAIMED THIS PERIOD				
<p>I CERTIFY THAT THE WORK COVERED BY THIS VOUCHER HAS BEEN COMPLETED IN ACCORDANCE WITH THE SUBJECT PROJECT PLANS AND SPECIFICATIONS.</p>				<p>I CERTIFY THAT THE COSTS SHOWN IN THIS VOUCHER ARE TRUE AND CORRECT; THE NET AMOUNT CLAIMED IS DUE AND PAYABLE FROM THE RURAL ARTERIAL TRUST ACCOUNT UNDER THE TERMS OF APPLICABLE LAWS, RULES, REGULATIONS, AND PROCEDURES; NO CLAIM HAS BEEN PRESENTED TO OR PAYMENT MADE FOR THE AMOUNT FOR WHICH IS CLAIMED HEREIN; CLAIM DOES NOT EXCEED THE RURAL ARTERIAL TRUST ACCOUNT SHARE OF THE COSTS INCURRED TO DATE OF THIS CLAIM; AND DOES NOT EXCEED THE APPROVED ALLOCATION FOR THIS PROJECT; AND I AM AUTHORIZED TO SIGN FOR CLAIMANT.</p>				
REGISTERED ENGINEER IN CHARGE				SIGNEE		TITLE		DATE
ACCOUNTING CLASSIFICATION - FOR OFFICE USE ONLY								
TC	FUND	APPROP.	PROGRAM	OBJECT	PROJECT	SUB PROJECT	NET AMOUNT	PAYMENT NO.
210	102	A30	3000	NZ				
APPROVED BY: FOR RURAL ARTERIAL PROGRAM					RECEIVING VERIFICATION:		DATE RECEIVED:	
CHECKED AND APPROVED FOR PROCESSING BY:					WARRANT REGISTER NO.		VOUCHER NO.	
DATE:								